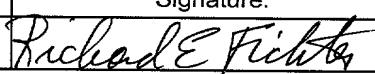


UTILITY PATENT APPLICATION TRANSMITTAL				JC879 U.S. PTO 09/988126
Address to: Commissioner for Patents Box PATENT APPLICATION Washington, DC 20231		Attorney Docket No. HEOJ3002/REF	□ DUPLICATES 11/19/01	
		First Named Inventor (or identifier) HEO et al.		
		Total Pages 88 (including priority doc.)		
Transmitted herewith is a patent application under 37 CFR 1.53(b).				
Entitled:	APPARATUS AND METHOD FOR RESORING CELL SEQUENCE IN MULTIPATH ATM SWITCHES			
<p><input checked="" type="checkbox"/> 1. Submitted herewith are the following:</p> <p><u>27</u> pages of specification. <input checked="" type="checkbox"/> Abstract. <u>6</u> sheet(s) of drawings. <u>15</u> claim(s). <input checked="" type="checkbox"/> Oath/Declaration signed by each inventor. <input checked="" type="checkbox"/> Application Data Sheet. <input checked="" type="checkbox"/> Preliminary Amendment. <input checked="" type="checkbox"/> Information Disclosure Statement(s). <u>1</u> page of Form PTO-1449. <input checked="" type="checkbox"/> Assignment of the invention, Cover Sheet, and payment of the <u>\$ 40.00</u> recordal fee. <input checked="" type="checkbox"/> certified copy of application no. <u>1999-17947</u> filed in Korea -- <u>5/19/99</u>. Priority is claimed. <input checked="" type="checkbox"/> check in the amount of <u>\$780.00</u> including any assignment recordal fee.</p> <p><input type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.</p> <p><input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.</p> <p><input type="checkbox"/> 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____.</p> <p><input type="checkbox"/> 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____.</p> <p><input type="checkbox"/> 6. Other: _____.</p>				
<p>The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.</p>				
THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee: \$740.00
Total Claims: 15		- 20 = 0	X \$18 = 0.00	0.00
Independent Claims: 2		- 3 = 0	X \$84 = 0.00	0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176		Multiple Dependent Claim (add \$280.00):		
		Subtotal: 740.00		
		50% Reduction if Small Entity Status.		
Phone: 703-683-0500		Fax: 703-683-1080	Total: 740.00	
Date:	Name:		Signature:	Reg. No.
November 19, 2001	Richard E. Fichter			26,382